

FINANCIAL MANAGEMENT BRANCH WEB BILLING CONTACT INFORMATION AND ACH TRANSACTION DATA

Company #: _____ Company Name: _____

Web Billing Contact Information Please specify whether to add or remove billing contact and effective date.

	Add	Remove	Eff Date	Name	Eamil Address	Phone #	SSN	Date of Birth
Financial Health								
Financial Health								
Financial Health								
FSA								
FSA								
FSA								
Financial Officer								
Financial Officer								

ACH Transaction Data Please complete only if your agency wishes to pay by ACH transaction.

Bank Name	
Bank Routing Number	
Company Account #	

From may be mailed or faxed.

Please return to:

**PRESONNEL CABINET
DEPT OF EMPLOYEE INSURANCE, FINANCIAL MANAGEMENT BRANCH
501 HIGH ST, STATE OFFICE BUILDING, 2ND FLOOR
Frankfort, KY 40601**

**Phone: (502) 564-9097
Fax: (502) 564-0715**